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## **TRANSMITTAL FORM**

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Total Number of Pages in This Submission

1

**Application Number** 09/759,823 Filing Date January 12, 2001 RECEIVED
OCT 0 5 2003
TC 1700 First Named Inventor Lowell R. Tully Art Unit 1734 **Examiner Name** James D. Sells Attorney Docket Number 29627/36393

ENCLOSURES (Check all that apply)							
x Fee Trans	mittal Form	Drawing(s)	After Allowance Communication to Group				
x Fee	Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences				
X Amendment/Reply-		Petition	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)				
After Final		Petition to Convert to a Provisional Application	Proprietary Information				
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address	Status Letter				
X Extension of Time Request		Terminal Disclaimer	Other Enclosure(s) (please identify below):				
Express Abandonment Request		Request for Refund	- Reissue Declaration - Consent of Assignee Form				
Information Disclosure Statement		CD, Number of CD(s)	, and the second				
Certified Copy of Priority Document(s)		·					
Response to Missing Parts/ Incomplete Application		Remarks	•				
Response to Missing Parts under 37 CFR 1.52 or 1.53							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or Individual name	MARSHALL, GERSTEIN & BORUN LLP Saeid Mirsafian - 52,035						
Signature	- Kon Mer						
Date	September 29, 2003						

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Effective 01/01/2003, Patent fees are subject to annual revision.			Examiner Name			James D. Sells	
X Applicant claims small entity status. See 37 CFR 1.27		Art Ur	nit			1734	OCTA
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BORUN LLP	1052		2052	25	_	e – late provisional filing fee or c	cover
Director is authorized to: (check all that apply)					sheet.		<u> </u>
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	_	sh specification	
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ne above-identified deposit account.	1805	1,840*	1805	1,840*	Requestin Examiner	g publication of SIR after action	
FEE CALCULATION	1251	110	2251	55		for reply within first month	
ASIC FILING FEE	1252		2252			for reply within second month	205.00
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(\$) Code (\$)	1254		2254	725		for reply within fourth month	
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18 2202 9 Claims in excess of 20	1809	750	2809	375	Filing a su (37 CFR 1	ibmission after final rejection 1.129(a))	
84 2201 42 Independent claims in excess of 3 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375	For each a	additional invention to be	
280 2203 140 Multiple dependent claim, if not paid 84 2204 42 ** Reissue independent claims	1801	750	2801	375		(37CFR 1.129(b)) or Continued Examination (RCI	E)
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SUBTOTAL (2) (\$) 0.00		uced by		ing Fee	Paid	SUBTOTAL (3) (\$)	205.00
number previously paid, if greater; For Reissues, see above	<u> </u>						
NITTED BY						(Complete (if applicable))	
e (Print/Type) Saeid Mirsafian		tration Ne ey/Agent		035		Telephone (312) 474-6	639
nature +						Date September	29, 2003
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